EVIDENCE-BASED RESOURCE GUIDE SERIES

Guide Overview:
Adapting Evidence-Based Practices for Under-Resourced Populations
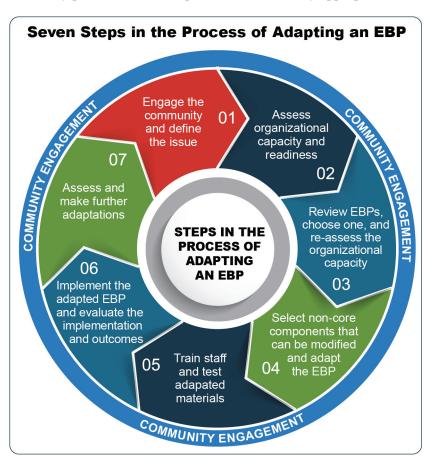
This overview provides a summary of the Evidence-Based Resource Guide titled, *Adapting Evidence-Based Practices for Under-Resourced Populations* (SAMHSA Publication No. PEP22-06-02-004). The complete guide is available on the SAMHSA Store: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-06-02-004.pdf.

Adapting evidence-based practices (EBPs) to the cultural, social, gender, and other socio-demographic contexts of individuals served yields positive outcomes.[1] Adaptation of an EBP involves making changes to better fit the needs of the population being served without negatively removing or changing core elements. Communities and individuals benefit when they receive behavioral health services that are clinically proven effective, equitable, and culturally appropriate.

This guide describes cultural adaptations of EBPs for under-resourced populations and the steps in the adaptation process. Under-resourced communities are defined population groups that experience greater obstacles to health, based on characteristics such as, but not limited to, race, ethnicity, religion, income, geography, gender identity, sexual orientation, and disability. The guide details the adaptation process so that practitioners can tailor interventions and implement the tailored interventions in their individual programs. This guide provides information for practitioners within the mental health and substance use disorder fields.

Chapter 1 provides definitions of EBP adaptation, reasons for adapting EBPs, comparing fidelity versus fit, and different levels and types of cultural adaptations.

Chapter 2 describes a comprehensive and systematic, seven-step process of adapting an EBP that draws from multiple cultural adaptation frameworks. The guide illustrates the process

Seven Steps in the Process of Adapting an EBP

STEPS IN THE PROCESS OF ADAPTING AN EBP

COMMUNITY ENGAGEMENT

01 Engage the community and define the issue

02 Assess organizational capacity and readiness

03 Review EBPs, choose one, and re-assess the organizational capacity

04 Select non-core components that can be modified and adapt the EBP

05 Train staff and test adapated materials

06 Implement the adapted EBP and evaluate the implementation and outcomes

07 Assess and make further adaptations

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1   Lee, S. J., Altschul, I., & Mowbray, C. T. (2008). Using planned adaptation to implement evidence-based programs with new populations. *American Journal of Community Psychology, 41*, 290-303. https://doi.org/10.1007/s10464-008-9160-5

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using adaptations of three EBPs as examples: cognitive behavioral therapy (CBT), motivational interviewing (MI), and dialectical behavior therapy (DBT). It details the completion of Step 4 in the process, which involves decisions about which non-core components can and should be adapted. These non-core components fall into two categories:

1. **Content** (adaptation of *what* information is delivered)
2. **Implementation** (adaptation of *how* the information is delivered)

Chapter 3 provides considerations and strategies at each step of the seven-step model, while also including short implementation examples of selected strategies. Chapter 4 includes three real-life case examples of organizations that have developed and implemented EBPs for under-resourced populations in their communities.

- The first example describes how the **Youth AFFIRM** program has adapted and implemented CBT for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) young people.
- The second example describes how the **Choctaw Nation Department of Behavioral Health** has adapted MI as a culturally resonant and effective form of treatment for members of the Choctaw Nation.
- The third example describes the **Ma'at Program**, a holistic, culturally responsive, therapeutic approach to delivering behavioral health services to Black individuals and families in San Francisco.

Chapter 5 provides an overview of the types of evaluations organizations can conduct to document and assess the adaptation process, implementation of the adapted EBP, and program outcomes. The guide highlights equitable evaluation, which is an evaluation approach that relies heavily on engaging the participants with whom the EBP is implemented and from whom evaluation data are collected.

On the care continuum, the guide focuses predominantly on adapting treatment-focused EBPs, although the presented adaptation process is applicable to any EBP in behavioral health, including prevention, treatment, and recovery practices for substance use and mental health.

This guide adds to the resources available for community leaders and advocates, behavioral health practitioners, administrators, researchers, and organizational decision-makers seeking to adapt an EBP and implement it with a new population or in a new community setting. It supports the adaptation, utilization, and scale-up of EBPs to enhance equity, reduce health disparities, and improve behavioral health.